

L18000042877

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

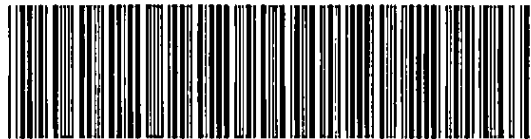
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

10/13/21

Office Use Only



500374359275

10/06/21--01006--017 \*\*25.00

FILED  
2021 OCT -6 PM 1:21  
SECRETARY OF STATE  
TALLAHASSEE, FL

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SOLOP LLC.

*Name of Limited Liability Company*

Dear Sir or Madam:

The enclosed Statement of Authority and filing fee of \$25.00 is submitted for filing. Please return all correspondence concerning this matter to the following:

JAVIER SOLER and TIXIANA LOPEZ

*Name of Manager*

SOLOP LLC, a Florida Limited Liability Company

*Name of Company*

15757 Pines Blvd. Suite 277

*Address of Company*

Pembroke Pines, FL 33027

*City/State and Zip Code*

jtsoler@gmail.com

*E-mail Address of Manager*

For further information concerning this matter, please call: 941-627-1000

Tiffany Pride at Ext. 2016

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, Florida 32303

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**FILED**

**2021 OCT -6 PM 1:21**

**SECRETARY OF STATE  
TALLAHASSEE, FL**

This instrument Prepared By and Return To:  
WIDEIKIS, BENEDICT & BERNTSSON, LLC - THE BIG W LAW FIRM  
John L. Wideikis, Esq.  
3195 S. Access Road  
Englewood, FL 34224

### **STATEMENT OF AUTHORITY**

Pursuant to 605.0302, Florida Statutes, this limited liability company submits the following statement of authority on this 30 day of September, 2021, and same shall be effective for a period of five (5) years from the date of this Statement unless sooner terminated as so permitted by law:

**FIRST:** The name of the limited liability company is: **SOLOP LLC, a Florida Limited Liability Company**

**SECOND:** The Florida Document Number of the limited liability company is: **L18000042877**

**THIRD:** The street address of the limited liability company's principal office is: **15757 Pines Blvd. Suite 277, Pembroke Pines, FL 33027**

The mailing address of the limited liability company's principal office is: **15757 Pines Blvd. Suite 277, Pembroke Pines, FL 33027**

**FOURTH:** This statement of authority grants or sets limitations of authority on all persons having the status or position of a person in a company, whether as a member, transferee, manager, officer or otherwise or to a specific person on the following matters enumerated below:

1. May execute instruments transferring real and personal property held in the name of the company, including by way of example and not by way of limitation, Warranty Deeds, Closing Statements, Bills of Sale, Closing Affidavits and Certificates, and Closing Statement Addendums.

- a. Granted to: **JAVIER SOLER and TIXIANA LOPEZ as Managers.**
  - b. No authority granted to:

2. May enter into other transactions on behalf of the company, or otherwise act for or bind the company in all matters, including by way of example and not by way of limitation, the pledge of company property by mortgage, security agreement or otherwise; the borrowing of money on behalf of the company through execution of promissory notes or otherwise; the execution of guaranties on behalf of the company; and the execution of any other loan documents on behalf of the company.

- a. Granted to: **JAVIER SOLER and TIXIANA LOPEZ as Managers.**
  - b. No authority granted to:

The undersigned does hereby certify the accuracy of the statements set forth herein.

X [Signature]  
Signature of authorized representative

JAVIER SOLER, as Manager  
Printed name and position title

X [Signature]  
Signature of authorized representative

TIXIANA LOPEZ, as Manager  
Printed name and position title

STATE OF Florida  
COUNTY OF Miami-Dade

The foregoing instrument was acknowledged before me by means of X physical presence or \_\_\_\_\_ online notarization, this 23 day of September, 2021 by JAVIER SOLER and TIXIANA LOPEZ, as Managers of SOLOR LLC, a Florida Limited Liability Company, who is/are personally known to me or who has/have produced Driver's License as identification and who did take an oath.

[Signature]  
Notary Public, State of Florida  
My Commission Expires: 5/20/2024  
(Seal)

